



**CUMBERLAND COUNTY HEALTH DEPARTMENT  
SEPTIC AND/OR WELL PERMIT TAG SHEET**

Person Requesting Permit

Tax Map #

Property Owner

Zoning (A-2, R-2, etc.)

**SECTION 1. (To be completed by a Cumberland County Zoning Administrator.)**

The proposed site (circle one)

**IS      IS NOT      ZONED FOR THE PROPOSED**

house/mobile home/business

Setback requirements:

Front: \_\_\_\_\_

Side \_\_\_\_\_ Rear \_\_\_\_\_

Signature of Zoning Administrator

Date

**SECTION 2.** (To be completed by Health Department Clerk). **DO NOT** accept unless signed above & survey plat or legible site sketch is provided).

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M / F

Race: B / W / OTHER

**SECTION 3.** (To be completed by Environmental Health Specialist.)

	<u>Initials</u>	<u>Date</u>
Assigned to: _____	_____	_____
Site visit scheduled:	_____	_____
Site visit made:	_____	_____
Follow-up	_____	_____
Follow-up	_____	_____
Issue/Deny Drafted:	_____	_____
Issue/Deny Reviewed:	_____	_____
Issue/Deny Mailed:	_____	_____